

DIOCESE OF HALLAM GIFT AID DECLARATION

Office use only

I please PRINT your first name(s) and surname below

Mr/Mrs/Miss/Ms

Of please PRINT your full HOME address below inc postcode

email

postcode

want to Gift Aid my donations I make in the future or have made in the past 4 years to the Roman Catholic Diocese of Hallam. I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid Claimed on all my donations in that relevant tax year, it is my responsibility to pay any difference.

DATE OF DECLARATION

Please notify your Parish/Gift Aid Office if:

You wish to cancel this Declaration.
You change your name or address.
You no longer pay sufficient tax on your income and/or capital gains tax.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HMRC to adjust your tax code.

I wish to donate via:

Numbered Envelope Number

Standing Order

Data Protection Notice: We will always store your personal details securely. Your details will only be used by the Diocese of Hallam and HMRC. We will never give your information to other organisations. By providing your details you are agreeing to be added to our list of donors. For more details please see the full Data Protection Policy on the Diocesan website. To cancel at any time, or for further information please contact: louise.ward@dioceseofleeds.org.uk or call: 0113 261 8023

Diocese of Hallam – Registered Charity No. 512021

STANDING ORDER MANDATE

To: the Manager,	
Name of your Bank	
Address of your Bank	
Please Pay TSB	BRANCH: CHESTERFIELD
SORT CODE: 30 91 93	Beneficiary's Account Number: 07028782
Beneficiary's Name: Chesterfield Roman Catholic Parish	
Ref. for Statement: Offertory	
The sum of: (in words)	£
Date of first payment:	
And, thereafter on the:	
Payable: Monthly/Quarterly/Annually	
Until further notice or date of last payment to be:	
Name of account to be debited:	
Sort Code	A/c No.
Special instructions:	
Signature:	Date: